

**CCAR  
INDUSTRIES**

1530 Lincoln Avenue, 1600 Lincoln Avenue  
200 W. Locust, Charleston, IL 61920

**EMPLOYMENT  
APPLICATION**

VOICE/TDD (217) 348-0127

FAX (217) 348-0740

www.ccarindustries.org

An Equal Opportunity Employer

We consider applicants for all positions without regard to race, color, religion, sex, sexual preference, national origin, age, marital or veteran status, the presence of a medical condition or handicap (not job related), or any other legally protected status. Applicants are not obligated to disclose sealed or expunged records of conviction or arrest. If you need assistance filling out this application, please ask the receptionist.

PLEASE PRINT

Date \_\_\_\_\_

Position(s) applied for \_\_\_\_\_ Salary expected \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street City State Zip

Telephone ( ) \_\_\_\_\_ Social Security Number \_\_\_\_\_

If necessary, the best time to call you at home is \_\_\_\_\_ (time)

May we contact you at work? YES  NO

If yes, work number and best time to call is ( ) \_\_\_\_\_ Time: \_\_\_\_\_

How did you learn of the opening \_\_\_\_\_

Have you filed an application here before? YES  NO  If YES, give date \_\_\_\_\_

Have you ever been employed here before? YES  NO  If YES, give date \_\_\_\_\_

If yes, was it under a different name? YES  NO  If YES, give name \_\_\_\_\_

If employed and you are under 18, can you furnish a work permit? YES  NO

Are you legally eligible for employment in this country? YES  NO

Are you available to work? FULL TIME  PART TIME  SUMMER  TEMPORARY

Check each of the following you are willing to work NIGHTS  SATURDAYS  SUNDAYS  HOLIDAYS

On what date would you be available for work? \_\_\_\_\_

(Proof of citizenship or immigration status will be required upon employment)

Are you aware of any allegation of abuse and neglect against you through the Office of Inspector General department of Human Services? YES  NO

Are you on a layoff and subject to recall? YES  NO  Are you willing to relocate? YES  NO

Will you work overtime if required? YES  NO

Will you travel if the job requires it? YES  NO

What method of transportation will you use if required for this position? \_\_\_\_\_

If required, will you undergo a pre-employment physical? YES  NO

Do you have any friends or relatives that work here? YES  NO

If YES, list name(s) \_\_\_\_\_

Have you ever been bonded? YES  NO

Driver's license number \_\_\_\_\_ State issued \_\_\_\_\_

Are you a veteran of the U.S. military service? YES  NO  Branch \_\_\_\_\_

Indicate languages you speak, read and/or write: \_\_\_\_\_

Is there any reason(s) that would limit your job functions for the position for which you are applying?

YES  NO  If YES, please explain \_\_\_\_\_

**EDUCATION AND TRAINING:**

NAME OF SCHOOL AND LOCATION	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE	DIPLOMA/ DEGREE/ CERTIFICATION/ LICENSURE	MAJOR SUBJECTS STUDIED
<p style="text-align: center;"><b>HIGH SCHOOL</b></p> <p>NAME _____</p> <p>ADDRESS _____</p>	<p>1 2 3 4</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>		<p>GENERAL <input type="checkbox"/></p> <p>COMMERCIAL <input type="checkbox"/></p> <p>COLLEGE PREP <input type="checkbox"/></p>
<p style="text-align: center;"><b>COLLEGE</b></p> <p>NAME _____</p> <p>ADDRESS _____</p>	<p>1 2 3 4</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>		<p>MAJOR _____</p> <p>MINOR _____</p>
<p style="text-align: center;"><b>GRADUATE SCHOOL</b></p> <p>NAME _____</p> <p>ADDRESS _____</p>	<p>1 2 3 4</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>		<p>MAJOR _____</p> <p>MINOR _____</p>
<p style="text-align: center;"><b>OTHER</b></p> <p>NAME _____</p> <p>ADDRESS _____</p>	<p>1 2 3 4</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>		<p>MAJOR _____</p> <p>MINOR _____</p>

We will require certified copies of transcripts and other credentials sent to us before hire.

In granting authorization to CCAR Industries to obtain information from previous employers, I understand I absolve anyone from all liability for damages that may result to me on account of compliance with this authorization.

**EMPLOYMENT RECORD:** (List in order, last or present employer first. List any volunteer activities. Include military experience. Attach additional sheet if necessary)

DATES		NAME, ADDRESS AND TELEPHONE NUMBER OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
From	To		Start	Finish		

YOUR TITLE \_\_\_\_\_ DESCRIBE IN DETAIL THE WORK YOU DID \_\_\_\_\_

May we contact for reference? YES  NO  LATER

DATES		NAME, ADDRESS AND TELEPHONE NUMBER OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
From	To		Start	Finish		

YOUR TITLE \_\_\_\_\_ DESCRIBE IN DETAIL THE WORK YOU DID \_\_\_\_\_

May we contact for reference? YES  NO  LATER

DATES		NAME, ADDRESS AND TELEPHONE NUMBER OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
From	To		Start	Finish		

YOUR TITLE \_\_\_\_\_ DESCRIBE IN DETAIL THE WORK YOU DID \_\_\_\_\_

May we contact for reference? YES  NO  LATER

**SUMMARY:** Occasionally the form of an application blank makes it difficult for an individual to adequately summarize his/her complete background. To assist in finding the proper position for you, use the space below to summarize any additional information necessary to describe your full qualifications. Also explain any gaps in employment.

Have you ever trained others? YES  NO  If YES, state nature of training \_\_\_\_\_

Number trained \_\_\_\_\_

Have you ever supervised others? YES  NO  If YES, state nature of supervision \_\_\_\_\_

Number supervised \_\_\_\_\_

**ACTIVITIES:**

List professional, trade, business or civic activities held. (You may exclude memberships which would reveal sex, sexual preference, race, religion, national origin, age, ancestry, or handicap or other protected status.)

**REFERENCES:**

Give three (3) Personal References (other than relatives or former employees)

Name	Occupation	Address	Phone Number

**VETERAN INFORMATION:**

**Special employment notice to disabled veterans, Vietnam era veterans and individuals with physical or mental handicaps**

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information which will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

Handicapped Individual

Disabled Veteran

Desert Storm Veteran

Vietnam Era Veteran

Signed \_\_\_\_\_

**APPLICANT'S STATEMENT:****PLEASE READ CAREFULLY**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer. In the event I am employed by CCAR Industries, I understand that CCAR Industries is an employer-at-will and the handbook, application and or other policies are not intended to constitute an employment contract. Also, that my employment is for "no definite period" and the "employment may be terminated by CCAR or myself at any time with or without notice and with or without cause."

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE



## **IMPORTANT NOTICE TO EMPLOYEE ABOUT CRIMINAL CONVICTIONS**

We are a health care employer as defined in the Health Care Workers Background Check Act, and, as such, **we cannot knowingly employ or retain any individual** who performs direct care for clients, patients, or residents **if that person has been convicted of committing or of attempting to commit one or more of the offenses enumerated below.** Your continued employment by this facility, then, is conditioned upon a finding of no prior criminal convictions, such as those listed below.

\_\_\_\_\_ We are required by law, under the Criminal Background Check Act, to obtain a fingerprint or nonfingerprint-based criminal background check, pursuant to the Uniform Conviction Information Act (UCIA) before we may retain you as an employee.

\_\_\_\_\_ We may not retain you for direct care duties, if the nonfingerprint-based background check validation shows that you have been convicted of one or more of the offenses listed below.

\_\_\_\_\_ You may request a waiver, if you receive an adverse report, as well as challenge its accuracy and completeness of the report, by submitting, in accordance with the conditions of the Act, among other things, information necessary to initiate a fingerprint-based background check. You may also submit the results of a previously completed fingerprint-based validation of the UCIA report if said report has been completed within the time frames accepted by the conditions of the Act.

\_\_\_\_\_ If the waiver of the prohibition against employment is granted the facility has the option, but not the obligation, to retain you.

**THE CRIMES WHICH PROHIBIT INDIVIDUALS WHO HAVE BEEN  
CONVICTED FROM BEING RETAINED BY THIS EMPLOYER UNLESS A  
WAIVER IS GRANTED INCLUDE:**

**Illinois Criminal Code of 1961 (720 ILCS 5)**

<b>Section</b>	<b>Title</b>	<b>Section</b>	<b>Title</b>
8-1.1	Solicitation of Murder	11-	Soliciting for a Juvenile Prostitute
8-1.2	Solicitation of Murder for Hire	11-	Solicitation of a Sexual Act
9-1	First Degree Murder	11-	Pandering
9-1.2	Intentional Homicide of an Unborn Child	11-	Keeping a Place of Prostitution
9-2	Second Degree Murder	11-	Keeping a Place of Juvenile Prostitution
9-2.1	Voluntary Manslaughter of an Unborn Child	11-	Patronizing a Prostitute
9-3	Involuntary Manslaughter and Reckless Homicide	11-	Patronizing a Juvenile Prostitute
9-3.1	Concealment of Homicidal Death	11-	Pimping
9-3.2	Involuntary Manslaughter and Reckless Homicide of an Unborn Child	11-	Juvenile Pimping
9-3.3	Drug Induced Homicide	11-19.2	Exploitation of a Child
10-1	Kidnapping	11-	Obscenity
10-2	Aggravated Kidnapping	11-20.1	Child Pornography
10-3	Unlawful Restraint	11-	Harmful Material
10-3.1	Aggravated Unlawful Restraint	11-	Tie-In Sales of Obscene Publications to Distributors
10-4	Forcible Detention	11-	Posting of Identifying Information on a Pornographic Internet Site
10-5	Child Abduction	12-1	Assault
10-7	Aiding and Abetting Child Abduction	12-2	Aggravated Assault
11-6	Indecent Solicitation of a Child	12-	Felony Aggravated Assault
11-	Indecent Solicitation of an Adult	12-3	Battery
11-	Public Indecency	12-3.1	Battery of an Unborn Child
11-9.1	Sexual Exploitation of a Child	12-3.2	Domestic Battery
11-	Custodial Sexual Misconduct	12-	Felony Domestic Battery
11-	Presence within School Zone by Child Sex Offenders	12-3.3	Aggravated Domestic Battery
11-	Approaching, Contacting, Residing, or Communicating With a Child within a Public Park Zone by Child Sex Offenders	12-4	Aggravated Battery
11-	Sexual Relations within Families	12-4.1	Heinous Battery
11-	Prostitution	12-4.2	Aggravated Battery with a Firearm
11-	Soliciting for a Prostitute	12-4.2-5	Aggravated Battery with a Machine Gun or Firearm with a Silencer
		12-4.3	Aggravated Battery of a Child
		12-4.4	Aggravated Battery of an Unborn Child

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| 12-4.5 Tampering with Food, Drugs,<br>or Cosmetics               | 18-2 Armed Robbery   |
| 12- Hate Crime   | 18-3 Vehicular Hijacking   |
| 12-4.6 Aggravated Battery of a<br>Senior Citizen                 | 18-4 Aggravated Vehicular Hijacking  |
| 12-4.7 Drug Induced Infliction of<br>Great Bodily Harm           | 18- Vehicular Invasion   |
| 12- Stalking   | 18- Vehicular Endangerment   |
| 12-7.4 Aggravated Stalking                                       | 18-5 Aggravated Robbery  |
| 12-11 Home Invasion  | 19-1 Burglary  |
| 12- Intimidation   | 19-3 Residential Burglary  |
| 12-13 Criminal Sexual Assault                                    | 19-4 Criminal Trespass to Residence  |
| 12-14 Aggravated Criminal<br>Sexual Assault                      | 20-1 Arson   |
| 12-14.1 Predatory Criminal Sexual<br>Assault of a Child          | 20-1.1 Aggravated Arson  |
| 12-15 Criminal Sexual Abuse                                      | 20-1.2 Residential Arson   |
| 12- Aggravated Sexual Abuse                                      | 24-1.1 Unlawful Use or Possession of<br>Weapon by Felon                          |
| 12-16 Aggravated Criminal Sexual<br>Abuse                        | 24-1.2 Aggravated Discharge of a<br>Firearm                                      |
| 12-19 Abuse/Gross Neglect of a<br>LTC Facility Resident          | 24-1.2-5 Aggravated Discharge of a<br>Machine Gun or Firearm with<br>a Silencer  |
| 12- Criminal Transmission of HIV                                 | 24-1.6 Aggravated Unlawful Use of a<br>Weapon                                    |
| 12-21 Criminal/Abuse or Neglect of<br>an Elderly/Disabled Person | 24-3.2 Unlawful Discharge of Armor<br>Piercing Bullets                           |
| 12-21.6 Endangering the Life or Health<br>of a Child             | 24-3.3 Unlawful Sale or Delivery of<br>Firearms on the Premises of<br>any School |
| 12- Child Abandonment  | 24- Felony Unlawful Use of<br>Weapons  |
| 12-32 Ritual Mutilation  | 24- Disarming a Police Officer   |
| 12-33 Ritual Abuse of a Child                                    | 24- Obstructing Justice  |
| 12- Threatening Public Officials                                 | 24- Concealing or Aiding a Fugitive  |
| 12- Compelling Organization<br>Membership of Persons             | 24- Armed Violence   |
| 12- Felony Violation of an Order<br>of Protection                | 24- Felony Contributing to the<br>Criminal Delinquency of a<br>Juvenile          |
| 16-1 Theft   | 25-1.5 Reckless Discharge of Firearm   |
| 16-1.3 Financial Exploitation of<br>Elderly/Disabled Person      | 33A-2 Armed Violence   |
| 16-2 Theft of Lost or Mislaid<br>Property                        |  |
| 16A-3 Offense of Retail Theft                                    | <b>Illinois Cannabis Control Act</b><br><b>(720 ILCS 550)</b>                    |
| 16G-15 Financial Identity Theft                                  | 5 Manufacture, Deliver or<br>Possession with Intent to Deliver/<br>Manufacture   |
| 16G-20 Aggravated Financial<br>Identity Theft                    | 5.1 Cannabis Trafficking   |
| 17-3 Forgery   | 5.2 Delivery of Cannabis on School<br>Grounds                                    |
| 18-1 Robbery   |  |

- 5- Delivery of Controlled Substances
- 5- Sale or Delivery of Drug Paraphernalia
- 7 Delivery to Person Under Eighteen
- 7- Possession of more than Thirty Grams of Cannabis
- 7- Manufacture of more than Ten Grams of Cannabis
- 7- Permitting Unlawful Use of a Building
- 7- Felony Possession, Sale, or Exchange of Instruments Adapted for the use of a Controlled Substance or Cannabis by Subcutaneous Injection
- 7- Felony Possession of a Controlled Substance
- 9 Calculated Criminal Cannabis Conspiracy
- 9- Street Gang Criminal Drug Conspiracy

**Illinois Controlled Substance Act (720 ILCS 570)**

- 401 Manufacture of Controlled/ Counterfeit Substance  
Controlled Substance Analog
- 401.1 Controlled Substance Trafficking
- 404 Look-A-Like Substances
- 405 Calculated Criminal Drug Conspiracy
- 405.1 Elements of the Offense
- 407 Deliver to a Person Under Eighteen/Violations on or near School, Public Housing, Public Park
- 407.1 Employing Person under Eighteen to Deliver Substance
- 407- Unauthorized Production of more than Five Cannabis Sativa Plants

- 407- Unauthorized Manufacture or Deliver of Controlled Substance

**Illinois Credit Card and Debit Card Act (720 ILCS 250/)**

- 4 Receiving Card of Another
- 5 Receiving Lost or Mislaid Card
- 6 Sale or Purchase of Card Without Issuers Consent
- 8 Use of Card Obtained or Retained in Violation of this Act
- 17.02 Fraudulent Use of Electronic Transmission

**Illinois Wrongs To Children Act (720 ILCS 150/)**

- 5.1 Permitting Sexual Abuse of a Child

**Declared A Sexually Dangerous Person Under The Sexually Dangerous Persons Act (725 ILCS 205) or Identified As A Sex Offender In The Illinois Sex Offender Registry Operated By The Illinois State Police**

**Illinois Nursing and Advanced Practice Nursing Act (225 ILCS 65/)**

- 10-4.2 Harboring a Runaway
- 10-5 Practicing Nursing in Violation of the Nursing and Advanced Practice Nursing Act

**Criminal Jurisprudence Act (720 ILCS 115/53)**

- 53 Cruelty to Children

## ACKNOWLEDGMENT

You hereby acknowledge by your signature below that the foregoing **NOTICE TO EMPLOYEE** has been explained to you and that you have indicated an understanding of the foregoing with your initials and agree to cooperate with the Uniform Conviction Information Act criminal background check procedure and are aware that if the check results are adverse, CCAR has the right not to retain you even if a waiver is granted.

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Signature

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Date

Revised: 10/20/2004

C:\MyDocuments\Director of Human Resources\Criminal Conviction Sheet for Application ACKNOWLEDGEMENT SIGN OFF SHEET 10202004.doc

NAME \_\_\_\_\_ Date \_\_\_\_\_

1. Have you completed DHS "DSP Training"? (circle) YES or NO

If yes, from what company? \_\_\_\_\_

2. In order to be considered for direct care positions, you will be expected to COMPLETE and PASS all DSP training requirements.

3. Next, CHECK the box(s) for the shift(s) that you are available for work each day.

**Monday**

- 6 AM - 10 AM       3 PM - 12 AM
- 7 AM - 3:30 PM       3 PM - 9 PM
- 8 AM - 5 PM       3 PM - 10 PM
- 2 PM - 9 PM       12 AM - 8 AM

**Tuesday**

- 6 AM - 10 AM       3 PM - 12 AM
- 7 AM - 3:30 PM       3 PM - 9 PM
- 8 AM - 5 PM       3 PM - 10 PM
- 2 PM - 9 PM       12 AM - 8 AM

**Wednesday**

- 6 AM - 10 AM       3 PM - 12 AM
- 7 AM - 3:30 PM       3 PM - 9 PM
- 8 AM - 5 PM       3 PM - 10 PM
- 2 PM - 9 PM       12 AM - 8 AM

**Thursday**

- 6 AM - 10 AM       3 PM - 12 AM
- 7 AM - 3:30 PM       3 PM - 9 PM
- 8 AM - 5 PM       3 PM - 10 PM
- 2 PM - 9 PM       12 AM - 8 AM

**Friday**

- 6 AM - 10 AM       12 AM - 8 AM
- 7 AM - 3:30 PM       3 PM - 9 PM
- 8 AM - 5 PM       3 PM - 7 PM
- 3 PM - 10 PM

**Saturday**

- 8 AM - 4 PM       8 AM - 8 PM
- 4 PM - 12 AM       12 AM - 8 AM

**Sunday**

- 8 AM - 4 PM       8 AM - 8 PM
- 4 PM - 12 AM       12 AM - 8 AM
- 11 AM - 12 AM

4. Are you a DHS approved Qualified Support Professional (QSP)? (circle) YES or NO

cc: Training/Scheduling Coordinator